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27849 75	27849 7590 03/15/2006							
LEE & MORSE, P.C. 1101 WILSON BOULEVARD SUITE 2000				I h Sta ado tra	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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			-		(Signature)			
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APPLICATION NO.	FILING DATE	FIRST NAMED INVE		INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/686,770	10/17/2003	10/17/2003 In-sang Son				277/007	7730	
TTLE OF INVENTION: PRINTER HEAD USING A RADIO FREQUENCY MICRO-ELECTROMECHANICAL SYSTEM (RF MEMS) SPRAYER								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBL	ICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	06/15/2006	
EXAMINER		- ART UNIT		CLAS	LASS-SUBCLASS			
'MRUK, GE	2853	2853		17-067000	•			
Change of correspondence address or indication of "Fee Address" (37 EFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
SAMSUNG ELECTRONICS CO., LTD. Suwon-si, Gyeonggi-do, Republic of Korea								
lease check the appropriate	assignee category or catego	ries (will not be pri	nted on the pa	atent):	Individual 🗵 Co	orporation or other private gr	oup entity.   Government	
a. The following fee(s) are	enclosed:	4b	. Payment of F	Fee(s):	•			
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Advance Order - # or	Copies	<del></del>	Deposit A	ccount Nur	nber <u>50–164.</u>	rge the required fee(s), or cre (enclose an ext	ra copy of this form).	
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	MALL ENTITY status. See i		b. Applica	ant is no lo	nger claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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